THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX. THURSDAY, OCTOBER 21, 1858. No. 12.

THE OPHTHALMOSCOPE AND ITS USES.—NO. V.*

[With a Plate.]

BY JOHN H. DIX, M.D., BOSTON.

IN Plate 4, fig. 1 represents an opacity of the crystalline lens, as seen by the ophthalmoscope. Central opacities of the lens, though slight, are easily distinguishable by the eye under a magnifier; or if not discerned in this way, may be detected by the catoptric method. But the outer margin of the lens is shaded somewhat by the iris, even when the pupil is well dilated, and with an imperfectly dilated pupil may be very much obscured. In such cases the strong light reflected back from the fundus, and diffused throughout the globe from the mirror of the ophthalmoscope, is especially available. In my own observations, with one exception, every opacity which was discernible only by the ophthalmoscope has been situated near the outer margin, and resembled in less degree the figure here given.

I have in this way detected three incipient cataracts, which I could not otherwise discover, and in two of them the further progress of the disease has verified the diagnosis.

In examining the crystalline lens by the ophthalmoscope, it is sometimes convenient for the observer to place his eye not behind the central opening in the mirror, but just beyond the circumference of the mirror, in order to look more obliquely behind the iris. If the pupil is not very completely dilated, no ophthalmoscopic examination of the lens can be considered thorough, without this precaution.

I have given, in a former number, the details of one case of amaurosis, in which the whole lens had, as ordinarily examined, a hazy aspect, warranting a suspicion of cataract, but in which the ophthalmoscope showed that no cataract existed, and the successful result of the treatment of which as amaurotic, proved it to be so. To this I have now one more to add.

The practical benefit of examinations by the ophthalmoscope, in

* See Boston Medical and Surgical Journal, Vol. LV., p. 173.

cases determined by it to be amaurotic, is, however great, not more real than that experienced by a patient who, having simple cataract, is spared the treatment of amaurosis.

In two of three cases of marginal cataract, vision was decidedly better in a strong than in a subdued light, and in the other the patient spoke hesitatingly, but had a similar impression. Very little reliance, therefore, should be placed upon this symptom alone, as diagnostic of amaurotic disease.

In figure 2 of Plate 4, are presented, not very successfully, certain dark objects, darting with great rapidity across the field of the retina. In the following cases, I had rather an impression than a sight of them. Their movement was usually, but not always horizontal.

June 16th, 1855.—J. A., æt. 10, of Beverly, at Perkins Institution, four years ago had a fever, during the whole of which she had severe pain in her head, and also in her eyes. On the second day of the fever, which lasted a fortnight, she became very nearly as blind as she now is. Now she has usually only a perception of ordinary light, but thinks that at times she can see pieces of furniture about her for a few minutes—from five to fifteen minutes. Sometimes has pain in both, but most frequently in left eye. Sunlight is offensive to her, causing pain. Pupils of both eyes dilated —that of left most so. Iris dark hazel. Nystagmus of both eyes.

During the fever she had leeches, blisters, and "*all kinds of physic*," some of which made her mouth sore. Health good, and no hereditary predisposition to blindness.

Examination with the Ophthalmoscope.—Right eye.—No vessels discernible, and no white round patch indicating the entrance of the optic nerve. The coloring of the retina unequal in depth, but generally approaching a dirty yellow, rather than the normal coloring. Once or twice I perceived a diffused dark shade upon it, as if something nearly translucent were floating in the vitreous, and throwing a slight shadow.

Left eye.—One or two very minute and straight vessels or red lines, nearly horizontal, but no trace of the usual vessels and entrance of nerve. Coloring of retina rather deeper than natural, and nearly uniform.

Oct. 24th, 1855.—Mr. J. W., æt. 25, of Hilton, Me., had, five years ago, a "brain fever;" upon recovering from which, he found his vision very dull. For two months it slowly improved, and ever since has been as at present. For two years he suffered very severe pain in the head, chiefly supra-orbital, from which he has for the past two years been almost wholly free. Now he can just discern, on the title-page of the Boston Directory for 1854, the date. Vision of the two eyes equal. With convex lenses can read letters a third smaller. Has been under mercurial influence; used stimulating collyria and counter-irritation in various forms without any improvement of vision, but attributes his freedom

from pain in the head, for the past two years, to a series of derivative counter-irritant measures, continued for some eight months.

Examination with the Ophthalmoscope.—Right eye.—Appearances quite normal, except on the right side of field of retina a black or dark spot, which comes in view, but does not remain in sight long enough to be defined. The vessels are not strongly marked, and the frequent alternation of a red and white coloring over the whole field of the retina is very observable.

Left eye—As the right eye, a dark spot being doubtfully seen darting across the field of the retina.

Dr. J. Skinner, of St. John, N. B., also examined both eyes.

June 16, 1855.—S. H., æt. 17, of Boston, at Perkins institution, when three years of age was struck on the right frontal bone with a falling hammer. A fortnight afterward she had a fever, which she does not remember, but believes it was a brain fever. She does not know how long she was sick, but thinks she was not found to be blind until convalescent. On recovering, was quite blind, but in a few months regained vision so as to see clearly by looking *sideways*. Went to school for a year. She then lost her vision again, as she thinks, immediately after and during an attack of whooping cough. Has now no perception of light whatever. Often has headache, and very rarely pain in the eyes. Iris gray; pupil large, but not excessively so. To the touch, the right eye not as firm as natural. Has been treated by electricity, and has had blisters.

Examination with the Ophthalmoscope.—Right eye.—One or two very small straight red lines discernible horizontally above the place of entrance of the optic nerve, which is very faintly if at all indicated. Far forward in the vitreous humor a small irregularly shaped dark speck darts across on the lower side; coloring normal.

Left eye.—In this eye the entrance of the optic nerve is distinctly given, but the circumference of the white circular patch is not well defined. The bloodvessels, both in the upper and lower hemispheres, distinguishable as regards the large branches, but extremely minute.

June 16th, 1855.—J. P., æt. 10, of Northampton, at the Perkins institution for the blind, when four years of age was knocked down by a blow on the forehead, and in falling struck the back of the head upon a stone. For some time following, he appeared to be not perfectly well, and five or six months after the accident was attacked with symptoms of cerebral inflammation of the most alarming character. Upon the commencement of his unexpected convalescence, he was found to be imbecile in mind, unable to walk, and blind. His mental powers have been recovered, and his muscular strength, so that he walks very well. His vision has slowly improved, so that, now, with his right eye he sees the position but not the shape of large letters. With the left eye he has

no perception of light. Pupils of both largely dilated, but slightly influenced by changes of light. Has frequent pain in frontal region, and occasional dull pain in the globes. Iris gray. Health good. An only sister died early, and had evidence of scrofulous affection.

Examination with the Ophthalmoscope.—Right eye.—A general red reflection from the fundus of the eye, of a deeper hue than in a normal state; in the midst of which I catch a paler spot indicating faintly the entrance of the optic nerve.

Left eye.—A similar reflection, but of deeper red, and uniform throughout. I can discern no vessels, and no place of entrance of optic nerve.

Both eyes were examined without any dilating agent, the pupils yielding but little to the stimulus of light from the mirror, and in the left eye there is occasionally seen a shadow, or a very small object floating across the pupils.

June 15th, 1855.—S. P. J., æt. 16, of Boston, at the institution for the blind, seven years ago became slowly blind for four weeks, without pain or any sensation in the eye or head. For about a year there was complete insensibility to light, so that he could look at the sun without winking. At the end of the year some sensibility to light returned, and now he has in a strong sunlight a perception of it.

Three months after the blindness had commenced, he was leeched, blistered and salivated. Subsequently, strychnine, veratria and electricity were used locally, and tonics given internally. Remembers no sensible influence from any treatment, except that the electricity seemed for the time to increase the perception of light. Iris gray. Pupils large. A cousin had a cataract on one eye. He has frequent many-colored spectres before each eye.

Examination with the Ophthalmoscope.—Appearances normal; in both eyes at first the vessels and the white round spot at the entrance of the optic nerves distinct. In this, as in many other cases, the pupils of which admit of great dilatation, a faint luminous ring indicates the outline of the crystalline lens. Several dark bodies flit across the field of vision after a minute or thereabouts, and run at irregular intervals, but with such rapidity of motion that it is impossible to describe them. These moving spots are more decided in the right than in the left eye.

June 15th, 1855.—M. D., æt. 18, of Newport, R. I., at Perkins institution, in her sixth year had a fall, striking the back of her head violently. Ever since has frequently had headaches, though of late not so often. About a year and a half after the fall, she had a brain fever. She was sick three months, and in the course of this time gradually lost her vision. Soon after her convalescence, she had some stimulating collyrium, from which she thinks she could for a moment see. Some stimulating applications were made over the brows, and at two different periods she was sali-

vated. Has not the slightest perception of light. Iris gray. Pupil of right larger than of left eye. Slight nystagmus of both eyes.

Ophthalmoscopic Examination.—Right eye.—The coloring of the surface is normal, but the vessels quite indistinct, and the place of entrance of the optic nerve a dull white, and larger than usual. In various parts of the field of the right eye are small dark irregular patches, some four or five in number, moving from side to side.

In the left eye, the vessels are distinct on the upper side, but here, on the left of the field, is a large and very remarkable irregular angular dark patch, having no motion like the spots in the right eye.

Oct. 20th, 1856.—T. S. W., æt. 34, in the winter of 1852–53 had severe headaches on the top and side, and often, perhaps weekly, a paralysis of the left side of the body, continuing about a minute. In the winter of 1854–55 he had for a fortnight a slight blurring of vision of both eyes.

In June last, vision began to fail in both eyes. At the same time the headaches, which had previously continued as at first, began to be less violent, and have become less to this time. Now there is very little pain in the frontal region, and the occasional paralysis has ceased, but there is occasionally a numbness, perhaps three times daily. Feet and legs often cold. Constipated. Now has barely a perception of light, the failure of vision for a fortnight having been very rapid. His father has strabismus.

Examination with Ophthalmoscope.—Right eye.—Whole field of retina of a deep red, except the entrance of optic nerve, which is less red than the retina, but not so white as in health. Blood-vessels distinguishable only in a few places, and there are several dark spots floating horizontally across.

Left eye—As right, except that the general redness is less intense, and the vessels more distinct, and no moving bodies visible.

Figure 3 represents an appearance which I have seen only in the following case, and which differs from the preceding perhaps more because the slow movement of the floating mass rendered it easily definable, than because of any essential difference in character.

Sept. 13th, 1855.—Miss H. M., æt. 24, of Haverhill, five years ago had suddenly a sensation as of a mote in the right eye. About a week afterward the vision of this eye began to fail, and in the upper part of the field of vision a bright spark appeared, and became permanent. The vision of the eye steadily diminished, until for two years past it has been, as at this time, sufficient to discern, but not to distinguish a face.

A few months after the commencement of the disease of the right eye, she began to see black muscæ volitantes before the left eye. These have gradually increased in size and number, and are now innumerable, especially as seen upon a white reflecting surface.

For two years past she has also seen before this eye a bright permanent sparkle, similar to that which she formerly saw, and now sees faintly in the upper part of the field of vision of the right eye.

To this permanent sparkle in the left eye, have been added luminous streaks in the same region for some eight months past.

She now reads with this eye the finest print, but the upper part of any large object at which she looks obliquely, is entirely invisible. Has frequently pain between and above the eyes. Iris gray. Not strong, but in good health, except that she is subject to colds. Pulse 88 to 102.

Examination with the Ophthalmoscope.—Right eye.—The retina quite pale. The bloodvessels barely, and the place of entrance of the optic nerve not at all discernible. A body of the size of a pin's head moves slowly over the retina, but is seen mostly on the right side. It is of a decided lead color, and pendant from it is a sort of fringe of the same color.

Dr. S. F. Haven, now of Worcester, examined this eye at the same time. The left eye not examined.

From the observations, then, illustrative of these two last figures, it appears that the presence of very small movable bodies, within the globe, indicates a greater degree of structural disorganization than very large stationary particles upon the retina, these last being not unfrequently consistent with a very useful amount of vision.—*Virginia Medical and Surgical Journal.*

A CASE OF INTRA-UTERINE POLYPUS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—There were some circumstances attending this case, which I have not met with before, in polypus of the womb, or seen recorded, which are my reasons for handing it to you for the Journal. Yours, very truly, W. Channing.

May 28th, 1858.—Mrs. ——, aged 29, was married six years ago. Menstruation always regular, but profuse, and excessively painful. Aborted a year and a half ago, flowing profusely, the abortion not being completed until the sixth day from its beginning, and was accompanied all these days with severe pain and exhaustion, so that her recovery was despaired of. It was rapid, however, and in a fortnight she was perfectly well, much to the surprise of every body. Was well for three years and a half afterward. Two years ago, for her uterine pains, took Morrison's pills freely, in the interval between two periods, and had, for the following one, less dysmenorrhœa and flowing than ever before. Before and during the succeeding period, she was much exposed to cold and wet, and had one of her worst periods. Has grown worse in regard to these, ever since. A year ago last February (1857), had, for the first time, a sudden discharge of clear water,

say a teacupful, from the vagina, during a catamenial period, but in a short interval of the flow. The symptoms preceding and accompanying this accident of the case were fulness, pressure, and bearing down, with pain in the back. Menorrhagia was increased, and accompanied by coagulæ, which were forced away with much pain. The quantity of the water was constantly increasing, and coming away suddenly after much effort, with relief.

In September, 1857, such was the pressure, &c., within the pelvis, that Mrs. —— examined to learn on what these troubles depended. She found the womb low, its mouth open, and within it a firm substance. Dr. J. S. Jones, her medical attendant, was now called, made an examination, and confirmed Mrs. A.'s diagnosis.

The above history was learned from the patient herself. Dr. J. ascertained what was the state of the patient and the character of the tumor within the womb. The lower end of the mass was just within the os. It was firmly grasped by the cervix, yielding only to give room for the pressure of the gradually growing tumor. This made intra-uterine explorations for a time impossible. The condition of the womb and pelvis was ascertained during menstruation. The collecting water was then forcing down the womb, and crowding the pelvis. This distension of the pelvis was so great, that when Dr. Jones attempted to pass his finger into the rectum to aid his diagnosis, he found it impossible to carry it in but for a short distance. The obstructing body resembled most a distended sac—the bag of waters in labor, where the bag is firm, and uterine action strong. Dr. Jones at one time felt a distinct pulsation in the uterine tumor. A triangular, quite solid mass came from the womb once, which resembled a small ovum, and this idea was encouraged by a cavity within it lined with a smooth tissue. From the regular forcing pains, with hæmorrhage, and alternating large discharges of water—from the insensibility of the tumor, and other facts reported above, it seemed possible to her medical attendant that the mass within the womb might be a false conception, or a growth in some way connected with pregnancy. At length room was obtained to reach to the extent of the finger between the tumor and the womb. The impression was that the former was cylindrical in shape, and apparently increasing in size as its distance from the os increased. It was clearly ascertained to be insensible.

At this time I saw Mrs. —— in consultation with her physician. One other case, only, had come under my observation of intra-uterine polypus. Mrs. —— had been safely and easily delivered, and was in all respects doing well for a fortnight afterward. At the end of that time, she was suddenly seized with uterine hæmorrhage, which continuing very profuse, her physician, Dr. York, of South Boston, made an examination, which showed the os uteri to be patulous, easily admitting the finger; and not far from the orifice, a tumor was distinctly felt. As hæmorrhage was increased

by the examination, this was not continued after the nature of the tumor had been sufficiently ascertained. It was firm, smooth, and insensible. I was desired by Dr. Y. to see Mrs. B. with him in consultation. The tumor was found as described, and it was agreed that a ligature should be put around it. This was done, but as the tumor tapered towards its lower end, the ligature slipped, till it rested, as it seemed, near that end. It was drawn, and the strain being continued, it cut itself out, bringing away a section of the tumor of the diameter and thickness of a common coat button. Hæmorrhage ceased at once, and never returned. The tumor became smaller and smaller, and soon entirely disappeared, when general and perfect health was established. This case is in support of the views of Gooch and the best authorities, that if any, however small a portion of a polypus be cut off, the remainder will entirely disappear, just as the whole of the navel string will come away, wherever the ligature may be applied.

The tumor in Mrs. ——'s case was found as described, and it was agreed that a ligature should be applied. This was more easily agreed upon than done. The mass was long, and, as believed, large. The womb was everywhere in contact with it, and closest at the greatest distance from the os. This made the application of the ligature very difficult. It was at length done, after more than one attempt.

Drawing the ligature gave pain at once, and this soon became so severe that it was desisted from. This pain resembled that which I have met with, but twice only, in the same operation on other polypus patients; and especially did it resemble that which attends the tightening of the ligature when applied by me to the inverted womb. I have had two of these cases under my care, each of which was successful, both of the patients being alive and in excellent health. This pain embarrassed the case for the whole of the five days which elapsed before the canula came away. Once we gained an inch on the ligature. At other times the gain was far less, and the very last time it was drawn we were obliged to stop on account of the severity of the pain.

A question arose as to the cause of the pain on first tightening the ligature, and especially of its continuance. There was no pedicle to the tumor, it being sessile, in close contact with the womb, its base or margin being very broad. If such were its uterine attachment, and the ligature was passed round its base, it could hardly happen but that the pressure would be communicated to the uterus, put some portion on the stretch, and thus produce and explain the pain. At one visit, toward evening, so much constitutional disturbance existed, and so much soreness and tenderness of the lower part of the abdomen was complained of, that two pills, each containing one grain of opium and four of calomel, were prescribed, one to be taken at once, and the other in four or five hours if not relieved. In the morning we found Mrs. —— had passed a

good night, and was perfectly relieved. No trouble followed the use of the calomel.

The canula came away on the fifth day, as remarked. The next day attempts were made to remove the tumor. From its softness, I may say rottenness, and its distance from the os uteri—it having receded—the attempts failed. Mrs. —— was desired to get out of bed, and, while sitting, endeavor by voluntary efforts to discharge the tumor. It descended, and seemed about to come away, but this method failed, notwithstanding the tumor was perfectly movable. The next day she made another, and successful effort.

The tumor was large, globular, and much broken down, soft, and black from decomposition. It resembled a softened, decomposed spleen. Sections of it showed cavities of various sizes, one being large enough to receive the finger. They were lined with a smooth tissue. A question arose, if these might not have been cysts, from which the watery discharges had proceeded.

Convalescence was rapid. The lips, cheeks and gums, which had been blanched by hæmorrhage, soon regained their color. Vomiting, which had been a symptom of the disease for months, and which greatly aggravated the abdominal distress, after the application of the ligature, ceased, much to the comfort of the patient.

ON THE TREATMENT OF PUERPERAL MANIA BY VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—As the veratrum viride is fast becoming a staple article of the materia medica, and its uses are every day more developed, and as the detail of infrequent cases is of some interest, I herewith send you the statement of a case of puerperal mania, treated by the fluid extract of veratrum viride, leaving the profession to judge of its utility.

February 14th, 1858, I attended Mrs. D. in her first parturition. The child was small, no difficulty attended the labor, and I left her very comfortable. On the 15th, I found her doing well; she expressed herself as feeling as well as she ever did, and she continued so until the night of the 20th.

21st, 7 o'clock, A.M.—She had passed a restless night. Tongue coated thickly with a brown fur; pulse 145. Bowels had been acted on the night before. There was no tenderness, at this time, over the region of the bowels; the lochial discharge was natural, but there had not been much lacteal secretion. She now had all the symptoms of puerperal mania, was highly excited, talked incessantly, and made frequent efforts to rise out of bed. I prescribed five drops of Tilden's fluid extract of veratrum viride, in mucilage of acacia, every three hours, and directed bottles of hot water to be placed to the feet, and cool applications to the head.

22d, 4 o'clock, A.M.—Pulse 86. She had vomited, several times, a green bilious matter, and had several evacuations from the bowels. There was considerable prostration, but no mania. The friends, alarmed at the prostration, urged me to check the diarrhœa. Accordingly, I discontinued the veratrum, and prescribed valerianate of morphia, one fourth of a grain, with three grains of Dover's powder, every four hours. 4 o'clock, P.M., pulse 120. No more evacuations of the bowels, or vomiting. Mania again violent. Prescribed again the veratrum, in doses of five drops every three hours, and continued the anodyne powders.

23d.—Somewhat better; less mania; pulse 110; no evacuations. The tongue continues thickly coated. I prescribed hydrarg. c. creta, gr. ij., with one fourth of a grain of morphia, and discontinued the Dover's powder. 4 o'clock, P.M., pulse 92. Six very dark-colored evacuations from the bowels. Patient is very weak. No mania. I discontinued the veratrum, at the urgent request of the friends, although they were assured by me that the prostration was but the temporary effect of the medicine. Continue the powders, with fluid extract of valerian, alternately, each every four hours.

24th, A.M.—Pulse 130. Mania again violent. She makes use of the most profane and obscene language. At this visit I was requested to give the drops as often and as long as I thought proper, for her friends thought death was preferable to such a state as this. I ordered four drops of the veratrum, every three hours; and gr. iij. of pulvis antimonialis, with one fourth of a grain of morphia, every four hours.

25th, A.M.—Pulse 100; no more evacuations; profuse perspiration; fœtid smell to the exhalations; no mania. She sleeps at short intervals. Continue the same treatment.

26th.—Better. Pulse 90; tongue cleaning. Continue the same treatment.

27th.—Pulse 86. Continues better; no mania; converses freely and rationally.

28th.—Pulse 80. Still improving. No evacuations; no fever. Continue the powders, and give three drops of veratrum, alternately every four hours.

March 1st.—Pulse 80. Continues to improve. Give two drops of the veratrum every 4 hours; discontinue the powders, and give a teaspoonful of a mixture of equal parts of fluid extract of valerian and tr. castor, every four hours. Castor oil to move the bowels, as there had been no evacuation since the 23d February.

2d.—Continues to improve. Bowels moved freely, and some appetite. To take a milk diet, which she likes, and a liberal allowance of wine. Reduce the veratrum to two drops every five hours, for a day longer. I discontinued my regular attendance.

Although the patient was much emaciated, and still required occasional treatment, her ultimate recovery was complete.

Dr. William Hunter says of puerperal mania, when attended with fever, that the patient will in all probability die. Dr. Gooch says, "there are two forms of puerperal mania, one attended with fever (or at least the most important part of it, a rapid pulse), the other accompanied by a very moderate disturbance of the circulation; the latter mostly recover, while the former generally die." Now it is to this class of cases, with rapid pulse, and which so generally die, that the veratrum viride appears to be remarkably adapted. Dr. Marshall Hall remarks, in relation to this disease, that "bloodletting is replete with danger," and it is very generally admitted, at the present time, that the pathological condition of the disease is not inflammation. In the course of the disease inflammation may arise, and complicate it, but it is not essential to it.

It may, then, be concluded, that the pathology of the disease consists in excessive intestinal irritation, inducing a corresponding irritation of the heart and arteries; that its causes may be found in hereditary predisposition, and certain deviations from the normal condition during gestation and the puerperal state, and that a rational, as well as successful treatment, consists in the administration of arterial sedatives, purgation, and the use of anodynes.

Holyoke, Oct. 8th, 1858. A. Bryant Clarke, M.D.

Bibliographical Notices.

Transactions of the New Hampshire Medical Society; Sixty-eighth Anniversary, held at Concord, June 1st and 2d, 1858. Manchester: 1858. 8vo. Pp. 68.

This pamphlet contains the proceedings of the Society at the Annual Meeting; the Address, by Dr. George B. Twitchell, President; the Report of the Committee on Practical Medicine; the Report on Surgery; an Essay on Debility, read by Abner Ham, M.D., and a few shorter papers. Dr. Twitchell's address is a sound and well-written discourse, on the ethics of medicine, and does honor to the profession, as well as to the body before which it was pronounced. The Report on Practical Medicine, by Dr. W. H. Thayer, formerly of Boston, is the most interesting and valuable part of the contents of the Transactions. It relates entirely to the subject of Typhoid Fever as it appeared in New Hampshire during the years 1856 and 1857. The attention of the profession in that State was invited to the subject, and the physicians were requested to forward to the reporter a synopsis of the cases they had observed during that period, with such observations as they might deem of interest. The replies furnished to this appeal were much less numerous than was hoped, and hence the report cannot be said to present, as might have been the case with general aid, a history of the epidemic for those years; but enough facts were obtained to furnish a paper of very considerable interest. The chief results obtained were, that the course of treatment to be pur-

sued is to be determined by the character of each epidemic, and that a supporting and stimulating practice is often required from the onset, and nearly always during the convalescence. The evils of overmedication, and the necessity of free ventilation, are clearly pointed out. The hygienic treatment of Dr. Nathan Smith, given to the profession many years ago, is earnestly recommended; and we wish that our influence were great enough to persuade every practitioner to peruse his admirable "Practical Essay on Typhus Fever," published in 1824. Nothing more philosophical has since been written on the management of this disease, and we cannot forbear quoting the remarks of this eminent physician on the propriety of non-interference in mild cases, as they are so consonant with the mode of practice now more generally advocated. "In cases of simple mild typhus," says Dr. Smith, "where there is no nausea at the stomach, no pain in that region, where the heat is moderate, and the pulse not greatly altered in frequency, I am clearly of opinion that we had better leave the disease to cure itself, as remedies, especially powerful ones, are more likely to do harm than good. In such cases the patient gets along better without medicine than with; all that is required is to give him simple diluent drinks, a very small quantity of farinaceous food, and avoid, as much as possible, all causes of irritation." The immense importance of free ventilation in the treatment of typhoid fever, and the inadequate notions on this subject possessed by many practitioners, are urged by Dr. Thayer in language which we hope will be felt by all who read these transactions. There can be no doubt that the rate of mortality in this disease might be materially diminished by proper attention to this point alone. We have taken occasion to offer some remarks on this subject in another part of the JOURNAL.

A few statistical tables are appended to the report; from which we find that the whole number of cases was 370, of which 154 were in males, 132 females, and in 84 cases the sex was not given. With regard to age, the largest number of cases (77) occurred between 20 and 30 years; 50 patients were between 30 and 40; 46 were between 15 and 20; and 41 under 10. The disease was most prevalent in the months of August, September and October. Of the 370 cases, 334 terminated favorably, and 36 were fatal; of the last, death took place in the second week in 10 cases, in the third week in 4 cases, in other weeks in 1 or 2 cases each. The time was not stated in 14 cases.

The Report on Surgery, by Dr. A. Smalley, of Lyme, contains some interesting cases of reduction of dislocation of the femur by manipulation; a case of fracture of the tibia and fibula, near the ankle-joint, with compound dislocation of the astragalus, which was forced through the integuments to nearly its whole extent. The limb was amputated near the middle of the leg, and the patient, a lad of eleven, in five months was able to walk, skate and kick foot-ball, by the aid of one of Palmer & Co.'s artificial legs, with such ease that a stranger would hardly suspect an artificial limb. A case of lupus exedens, for the relief of which the disease was extirpated and the loss of substance restored by a plastic operation, by Dr. Dixi Crosby, is accompanied by a sketch, showing how much may be accomplished in such a case.

The last paper of any length is Dr. Ham's Essay on Debility, which shows much thinking, but which from its obscurity of style, and especially of ideas, is hardly calculated to make a deep impression on the reader.

On the whole, we think the Transactions are highly creditable to the New Hampshire Society, showing a commendable zeal on the part of its members for the advancement of sound medical knowledge.

Diseases of the Urinary Organs; a Compendium of their Diagnosis, Pathology and Treatment. By WILLIAM WALLACE MORLAND, M.D., &c. Philadelphia: Blanchard & Lea. 1858. 8vo. Pp. 579.

THE relation which the author of this work holds to the BOSTON MEDICAL AND SURGICAL JOURNAL, renders any criticism of its merits inadmissible to our pages. We feel, however, that our readers have a right to know what the work contains, since it is, so far as we know, the only compendium on the subject of the diseases of the urinary organs, and is published in the hope of supplying a want which has been long and urgently felt.

The book is mainly composed of two essays, on the subjects of the pathology and treatment of the affections of the urinary organs, to each of which a prize was awarded by the Boylston Medical Committee, in the years 1855 and 1857. The original manuscript, however, has undergone very considerable modifications, and has been increased by large additions; and the work is believed to contain a reference, at least, to every author of note on the various subjects treated of in relation to these diseases. It is not, however, a mere compilation, no inconsiderable portion of it being the result of the author's own observation and reflection, besides containing numerous interesting facts communicated to him by others, and now for the first time published.

Dr. Morland's researches have been confined to those diseases arising in, or especially manifested by the organs in which the urine is elaborated, and in which it is temporarily retained, and the passages through which it flows, excluding those special affections of the urethra (chancre and gonorrhœa), which are the results of an imported poison, although the effects of these on the urinary organs proper, as, for instance, the effects of stricture, are fully treated of. Part First, consisting of diagnosis, begins with general considerations, a description of the urinary organs, their anatomical relations, and remarks on the difficulties of diagnosis, from anomalous position of the organs. Next come the diseases of the supra-renal capsules, and those of the kidneys follow in order, including the various forms of nephritis, waxy degeneration of the kidney, non-desquamative disease, fatty degeneration, suppurative nephritis, pyelitis, tuberculous disease, cancer, hæmaturia, and nephritis from calculi and from retention of urine. Chapter IV. contains the diseases of the ureters. Chapter V. is devoted to the various diseases of the bladder, which are treated of in the fullest manner. It is divided into twelve sections, and includes every lesion. Chapter VI. relates to the various affections of the urethra, and completes the First Part.

The Second Part, which is devoted to the pathology and treatment of the diseases of the urinary organs, constitutes the most extensive division of the work, and contains, we believe, a description and the treatment of every known affection of those parts. An Appendix of forty-eight pages completes the volume. In it will be found some observations on subjects which, though connected with the urinary organs, cannot strictly be said to relate to them, such as diabetes, be-

sides a large number of interesting cases of the various affections described in the text, with such additions to the subject of the work as have been first made known during its passage through the press.

The intention of the author has thus been to present a complete summary of our knowledge of the diseases of the urinary organs at the present time, both for the convenience of practitioners, and to serve as a text-book for students. How far he has attained that object, must be left for the medical public to decide. F. M.

A Manual of the Practice of Medicine. By T. H. Tanner, M.D., F.L.S., &c. &c. First American from the third revised and improved London Edition. Philadelphia: Lindsay & Blakiston. 12mo. Pp. 398. 1858.

We scarce know what to say of this book. It is well arranged, it is well written, the style correct, and as concise as is consistent with clearness; but it is very small, and therefore unsuited for the purpose intended. We consider it wholly impossible to get enough of the practice of medicine into a 12mo. of 319 pages (for that is all that is strictly occupied with the Manual), to serve any good purpose. We might as well expect to have a dictionary of the English language in pamphlet form. A peck measure will not under any circumstances hold a bushel. We have a general dislike to all manuals, as the term is used now. They are only short cuts for lazy ones—fosterers of sciolism, and deceivers of young students, who having acquired very aptly the few partially exhibited facts and principles these books contain, imagine they are far advanced in the science of medicine. An exception to this is found among the Germans. Their manuals—handbuchs—are no trifles. A German hand might handle them—we prefer a good table to support them. Look at John Fredrich Meckel's Manual of Anatomy, three solid octavo volumes; solid in cubic inches, but still more solid in the subject-matter contained. Otto's Handbuch of Pathological Anatomy is another specimen. With such manuals we would be content; but with these little concerns, on the touch-and-go plan, giving two or three symptoms out of twenty, sketching a theory instead of going into it, and either mauling it to pieces, or setting it up in an undeserved eminence and prominence—as we have just said, we have no faith in their usefulness, and we have strong convictions that they do much harm—not directly, but indirectly. We do not believe in short cuts. We do not believe in doing all a student's ratiocination for him. The pulp and spoon victuals presented him by such a process of grinding down facts and theories, will never nourish or strengthen him. Better let him take them as he finds them—facts and theories, laid out broadly and fairly, bone, gristle, tough and tender meat—and learn of himself, under proper guidance, how and what to assimilate or eliminate. He has more work to do, and it takes more time to do it; but, at the end, he is strong and hearty, and better fitted to masticate and digest a double portion than he was the first that was offered him.

Having thus given our notions upon manuals generally, we must say of this, in particular, that, turn where we will in it, we find nothing to complain of. All is accurate, clear. The most important is always given, to the exclusion of the least. There is no fact imperfectly presented—no theory falsely stated—no induction unfairly made. In short, the book is an admirable one of its kind—but it is of a bad kind. W. E. C.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 21, 1858.

POLITICS AND MEDICINE.

When the Governor of this State, "by and with the advice and consent of the Council," saw fit to remove Dr. Lothrop from the office which he so acceptably and faithfully filled, we supposed that the outburst of righteous indignation which the unhandsome act occasioned, would have rendered the repetition of a similar one, if not impossible, at least distant. When not only the members of the medical profession, but citizens of all ranks and of unquestioned intelligence and respectability, gave strong expression to their sense of the outrage and injustice done in that instance, it seems little else than the most wanton insult to an honorable body of men, and an utter disregard of the best interests of humanity, to follow up the dastardly blow by another quite as despicable. We will present a few facts just communicated to us by an esteemed correspondent, who expresses, in no measured terms, his indignation and disgust at the paltry political manœuvres which have led to acts so disgraceful to the present State Government.

Dr. Brooks, Superintendent of the Monson Almshouse, has been removed by his "Excellency," through the agency of the very wise and conscientious Councillors, to make room for one of their political supporters, notoriously incompetent not only in his medical capacity, but in every other, except that occupation which has placed him where he is.* Moreover, the Commissioners for the Monson Almshouse—appointed, be it remarked, by the Governor and Council—have selected and appointed as physician to that institution, a self-styled "Doctor," whose claim to medical attainments consists in his having attended one course of lectures at a now defunct "Eclectic" school, once nursed in the congenial soil of Worcester, Mass., the hot-bed of all ultraism. And so, as we have every reason to suppose, the one thousand orphan children in the Monson institution are consigned to the tender mercies of "Lobelia, No. 6," and "Hot-Drops," at the hands of one who very probably knows nothing of the properties of even those delectable articles. And this by the advice and with the consent of the Council, ratified by his "*Excellency's*" signature! *Proh pudor.* We unite with our correspondent and with all who have spoken to us of the matter, in looking upon such deeds as a direct indignity thrown upon the medical profession, and as "entitled to the unqualified condemnation of all men who have any claim to respectability, or a spark of humanity."

The above action, moreover, is not enough, it seems, to declare the *animus* of the present Executive power. The newly-appointed incumbent at the Monson Almshouse is also dubbed Coroner for the County of Hampden. In stereotyped phrase we may say, "comment is unnecessary." We leave the facts to speak for themselves; but we do more than this—while we forbear to dilate further upon the individual

* The Governor, in removing Dr. Brooks, unconsciously did him a kindness; since he has been appointed to an excellent situation in New York, as superintendent.

cases which have furnished the theme for our remarks, we present the *general subject* for the consideration, and, as we trust, the grave reflection of the profession and the community. If worthy incumbents in office, of any description, are to be at the mercy of every turn of the political weathercock, their condition, and that of those under their charge, is lamentable indeed. But if this is true in regard to the various offices of trust and responsibility of a merely pecuniary or business character, how much more so of those where the well-being of the sick is concerned? And how long will an intelligent and well-judging people be contented to support those political aspirants in their pretensions and places, who use the charitable medical and other institutions of the State as purchase-money for votes, and bribes to attain their selfish ends? Shall the welfare of those who look alone to the State for support and proper care, be made a mere toy in the hands of demagogues, or used as a stepping-stone for political jugglers? And, one question more—how long, is it to be supposed that intelligent, well-qualified and faithful medical practitioners will be found willing to take situations whose duties are always very responsible and onerous, when they know that a sudden change in the political atmosphere will displace them—perhaps just fairly established, and with everything in fine working order—and introduce a new comer, who, if ever so competent, must go over the ground just traversed by his predecessor, only, perhaps, to make way, in his turn, for the next political pet of the times?

The abuses thus perpetrated are palpable, and cry aloud for reform. The end of the matter, as it is now managed, will be, that incompetent, half-informed, or totally ignorant men will be thrust into the important public positions to which we refer; or else that, if reliable men are, *for a time*, still found, hardy enough to accept office at such risks, the rapid rotation to which they will be subjected, according to present appearances, will work infinite mischief to the inmates of the various asylums and hospitals under State protection, and render the physicians who take this *temporary charge* of them, the mere foot-balls of politicians. In view of this state of things, so much to be deprecated on all grounds, we say to our brethren, and to those in public life who can remedy the mischief—RESPICE FINEM!

VENTILATION IN THE TREATMENT OF DISEASE.

To talk about the necessity of free ventilation in the treatment of the sick, seems, doubtless, to most of our readers, very trite; every body acknowledges it, every physician would be indignant at being supposed to underrate its importance. Yet we are inclined to think that an *adequate* notion of its great influence on the course and event of disease is far from being common, even in regular practice, as too much importance is frequently assigned to artificial interference by means of the administration of drugs, and too little to those co-operative measures whereby the powers of nature are assisted in restoring the diseased organism to a healthy state. How can we expect the healthy functions of the body to revive under the prostration of disease, when the supply of oxygen, which gives life to the blood, is furnished with a scanty hand, while the elimination of carbonic acid, a fatal poison when inhaled, is at the same time checked, by defective ventilation? And yet this state of things exists to a great extent in the practice of many medical men who suppose themselves well aware

of the advantages of fresh air in the sick room. The difficulty seems to be, that they do not know *how much* fresh air is wanted. Few persons are aware that from 300 to 400 cubic feet are required for the daily consumption of a man in health, and that in proportion as the air we breathe is contaminated with carbonic acid, the quantity of that substance thrown off, and the quantity of oxygen absorbed, are diminished: hence, unless a free circulation of air exist about us, we are liable to be poisoned by an excess of the one gas, at the same time that we are deprived of the antidotal virtues of the other. Now if to these influences we add the specific exhalations arising from the body in certain diseases, such as typhoid fever, rheumatism, the eruptive fevers, &c., it can easily be seen that a constant renewal of the vital fluid must be an indispensable element in the successful treatment of many cases of disease—an important one in every case.

It is not merely in the treatment of disease, but in its prevention, that there is great need of enlightenment on the subject of ventilation, notwithstanding the terrible warnings which have so often been given during the prevalence of epidemics. The instances are too numerous to need citation, in which the outbreaks of cholera and typhoid fever have been proved conclusively to fall most heavily upon those who were laboring under an insufficient supply of fresh air. The mortality from all diseases is much greater among the poorer classes, who are crowded together in ill-ventilated rooms, than among those whose circumstances place them above the influences of such evils. The reason of this is undoubtedly the imperfection of the process of oxidation, which ministers to the elimination of effete matter from the system, and the consequent accumulation of such matter in the blood, by which the system becomes less able to resist the influence of zymotic disease.

We were led to these remarks by the perusal of a Report on Practical Medicine, in the Transactions of the New Hampshire Medical Society, already noticed under our bibliographical head. The reporter, Dr. Thayer, says: "When I am called to a case of fever, I too often find my patient lying in a little bed-room about one third larger than the bedstead on which he lies, with no outlet to the room but one window, rarely opened, and the door which gives communication with the family kitchen, or sitting-room; the atmosphere warm and foul, charged with the exhalations from the patient's skin, so fully that you can not only smell but taste the nauseous air—sickening and prostrating to one who is in ordinary health—how much worse to him who is struggling for life with a severe disease! How often have I seen a decided improvement in a patient in an advanced stage of fever, on being removed from such quarters into a well-ventilated room." In all cases of sickness it is important that the patient should be placed in a large apartment. In summer time, one or more windows should be constantly open, day and night. Even rainy weather, unless excessive, or unless there is no window in the room into which the wind does not blow, should form no reason for excluding the outward air. In winter time, or when it is too cold to allow a window to be opened, a fire should be constantly kept, in an open fire-place if possible, not so much for the sake of warmth, as to insure a constant change of air; hence it should not be large enough to raise the temperature to any considerable degree. Attention to these simple rules will often be the means of enabling the patient to resist the depressing influence of disease, which he might be unable to combat if he

were deprived of the healthy stimulus of a due supply of oxygen. Dr. Thayer quotes, in proof of the justness of his views, the case of a large number of emigrants, who arrived at Perth Amboy, from Liverpool, with ship fever, and who for want of sufficient accommodation were placed in shanties, where they were exposed to the pure air, the buildings being so loosely constructed that they admitted the rain. Of the whole number of eighty-two patients, *not one died.* Of four others who were removed to an ordinary dwelling-house, and who were subjected to precisely the same medical treatment, two died.

We commend these views to our medical brethren, in the belief that a trial only of the effects of a free supply of fresh air in the sick room will convince those who have paid but little attention to the subject, of its advantages. Without ventilation, we can do but little by the administration of medicines; with it, drugs become of secondary importance in a large number of cases.

DISREPUTABLE ADVERTISEMENTS.

In common with several of our cotemporaries, we have inveighed against the widely prevalent custom of the daily press, of admitting advertisements into their columns whose *intent*, if not their actual language, is wholly in opposition to decency and morality. The greed of filthy lucre is so strong, however, that we despair of seeing a reform in this respect—at least to any extent. Everything is made to yield to the spirit and the machinery of gain; and it matters not that an outraged sense of propriety cries out, from every quarter, against what passes under the name of newspaper—for so long as the vile trash is promptly paid for, in it goes. Even the professedly religious papers catch the infection, and substitute pennies for piety, dollars for devotion. Those who manage these matters have a weighty responsibility to shoulder, and an account to settle hereafter, as well as here. We do not envy them the adjustment.

There is another kind of advertising which seems to be coming more and more into vogue; and which is even more mischievous and degrading. It assumes the pamphlet form, and thus is enabled, generally, to attract more attention; its shape gives it more permanence, and also more space to dilate upon the topics of which it treats. These topics are usually such as relate to what these harpies term "secret disorders," or, perhaps quite as frequently, to "female diseases," "irregularity," &c. &c. The pivot upon which all of their endeavors turn is the getting of money by pandering to the lowest instincts of our nature, or by appealing to easily aroused fear. There is no more fruitful source of revenue to the graceless villains who pollute the social atmosphere with their presence and their filthy productions, than the facilities they pretend to offer to those unfortunate females unlawfully with child. By artfully worded paragraphs, they induce many such, and others also, who are laboring under actual disease, to buy their preparations and to read their abominable books. One of two things then results. Either abortion is effected—a crime perpetrated and the mother's health and even life imperilled—or an inert preparation is sold, and money levied under false pretences, *ad libitum*, and, it would appear, according to present usage and demand, *ad infinitum*.

We are deeply pained to observe that a book-firm of no little notoriety, and whose premises are daily visited by all classes of our citi-

zens, has, within a few days, caused, or permitted to be circulated a couple of printed pages, surmounted by a female head, and which purport to set forth the ways and means to preserve the health of the sex. The chief measure advised, is (as is always the case in these productions), to take a certain medicine, which must, however, by no means be used "by married ladies when *enceinte*," as it would be "sure to produce unpleasant effects," &c. &c. It is a sovereign balm for every deviation from menstrual regularity, according to the unprincipled advertisers; and whether their assertions are true or not, their aim is alike iniquitous. We submit that not only do hitherto reputed respectable firms degrade themselves to the lowest level by such proceedings, but they open a broad avenue to licentiousness and directly pander to the worst vices. The honest and reflecting public should ponder well before it extends to such establishments the generous patronage which has so far been accorded to the one to which we allude. The common interests of humanity, no less than the high duty of Christian men and women, call for uncompromising condemnation of the course pursued by many such publishing houses. We assume our position fearlessly, and assert our belief conscientiously. Having done this, we leave it to our sensible, scrupulous and sensitive people to decide whether they will encourage those who *permit*, not to say encourage such dereliction from duty, such outrages upon modesty, such imposition upon credulity, such direct infringement of the laws of God and man. Let us have newspapers which will never offend the eyes and the delicacy of our wives and daughters; and, moreover, let us invoke even governmental protection to shield our doors from the defilement of the foul advertising sheets thrown around them, nearly every day, with the names of persons attached to them whom we otherwise would gladly honor, but, as it is, must detest. We declare "war to the knife," against the entire crew.

Dr. Elisha Townsend, of Philadelphia.—The death of this worthy gentleman will give pain to a large circle of friends; and by his death science has lost a most intelligent servant. He was President of the Dental College, Philadelphia, and has been instrumental in doing much to advance the true interests of the profession throughout the country. As a man, he possessed noble qualities; and as a friend, he was prompt, unselfish and sincere. He had recently visited Europe for his health, but returned only to die. He will long be remembered by those who knew him, and the absence of his aid and counsel will make a void not easily filled. E. G. T.

Boston, October 18th, 1858.

Aluminium in Surgery.—A correspondent of the *London Lancet* recommends aluminium sutures as a substitute for silver in the union of wounds by the first intention. It is cheaper (less than half the price), more pliable, does not blacken from contact with pus, and can now be obtained in Europe without difficulty. We believe it has not yet been introduced into this country, but its great utility in various ways, both for domestic and scientific purposes, will doubtless make it abundant here.

The annual meeting of the Vermont Medical Society will take place at Montpelier on the 27th and 28th of this month.

Carbonate of Ammonia in the Bites of Poisonous Reptiles.—Dr. A. S. Payne, of Paris, Fauquier Co., Va., from long experience in the treatment of poisoning by snake-bites, spider-bites, &c., has come to the following conclusions:

"1st. That hartshorn is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2d. That, in my opinion, second to the hartshorn, in remedial virtues, stands an etherealized solution of iodine.

"3d. That the binodide of mercury has proven itself next most valuable.

"In the fourth place of value I place various plants indigenous to the United States of America."—*Virginia Med. Journal.*

Poisoning by the use of Honey.—The question as to the occasional poisonous nature of honey has lately been again brought up in the *Southern Med. and Surg. Journal*, and in the *Druggists' Circular*. Many cases are alluded to, in which fatal effects have followed the use of honey. The most remarkable is mentioned by the editor of the first-named work, who refers to the fifth volume of the *American Philosophical Transactions*, where an account is given by Dr. Barton of an extensive mortality among those who had partaken of honey collected in the neighborhood of Philadelphia, in the year 1790. It was ascertained, in that case, that the honey was chiefly collected from the "Kalmia latifolia." Whether in all the other cases the poison proceeded from the sources resorted to by the bees, or from some secretion of the insect itself, is undecided. Considering the common use of honey in so many places, without any injurious effects, these cases may be considered as exceptional, and should hardly have any other effect than causing a watchfulness and moderation in its use.

Criminal Lunatics.—From a Parliamentary return lately issued, it appears that the number of criminal lunatics, in respect of whom commissions of lunacy are now in force, is 551. The incomes of 46 of these lunatics, and their allowance for maintenance, have not been ascertained and fixed; but the aggregate income of the remaining 505 amounts to £238,188, and the cost of their maintenance to £160,163. The total number of criminal lunatics now under confinement is 591—569 of these being confined in county asylums, hospitals, and licensed houses, the other 22 in jail.—*Lahore Chronicle.*

Medical Miscellany.—At the October meeting of the New York Academy of Medicine, Dr. Stone, of New Orleans, was present. The section on Public Health made a partial report, showing a bad condition of the sanitary regulations in the city, and asking for a special committee to assist them in investigating the whole subject and making a full report. A special committee of five members was appointed. The discussion on puerperal fever was continued.——Dr. Shumard has been appointed State Geologist of Texas.——The preliminary lectures in the Oglethorpe Medical College, Savannah, Ga., to have been commenced on the 4th inst., have been deferred to the opening of the regular session on the 18th, on account of the prevalence of yellow fever in that city.

ERRATUM.—In Dr. Coxe's article on the treatment of rheumatism, p. 174, third line from the bottom, instead of "liq. morphiæ, gr. ij.," it should read *liq. morphiæ, one ounce, gr. ij. to the ounce.*

MARRIED.—At Providence, R. I., 14th inst., Daniel Laing, Jr., M.D., of Liberia, W. A., to Miss Anna B. Parker, of Providence.

DIED.—In Montague, Oct. 10th, Dr. Lucius Cooke, 44.—In Brunswick, Me., Dr. P. H. Cleaveland, for many years Professor of Chemistry and Mineralogy in Bowdoin College, 79.—At Ann Arbor, Mich., Naval Surgeon E. Ticknor, in the 71st year of his age. Dr. Ticknor's total service amounted to thirty-five years, of which fifteen were spent at sea and twenty in various naval hospitals.—At Port Deposit, Maryland, Oct. 7th, Dr. Jeremiah Smith Boies, 27.

Deaths in Boston for the week ending Saturday noon, October 16th, 74. Males, 33—Females, 41.—Accident, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 21—convulsions, 3—cholera infantum, 4—croup, 2—dysentery, 5—dropsy, 2—dropsy in the head, 4—infantile diseases, 2—puerperal, 1—epilepsy, 1—typhoid fever, 2—scarlet fever, 1—jaundice, 1—insanity, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 1—phlebitis, 1—teething, 3—thrush, 1—tumor, abdominal, 1—unknown, 2—whooping cough, 4.

Under 5 years, 30—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 13—above 60 years, 9. Born in the United States, 47—Ireland, 23—other places, 3.